



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: INDIANA SKIN CANCER AMBULATORY SURGERY CENTER

Street Address: 701 E. County Line Rd, Suite 208

City: Greenwood

County: IN

Administrator Name: Michael Murphy

Administrator Email: indymohs@gmail.com

ASC Web Address:

Fiscal Year: 2018

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3439	3439
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
13132	1075	
13121	689	
15260	347	
13101	328	
14061	222	
14041	187	
14060	176	

13152	131
15220	85
15240	53

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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